## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N93000001876

City-St-Zip:

CASSELBERRY, FL 32707

Entity Name: SEMINOLE COUNTY POLICE ATHLETIC LEAGUE, INC.

FILED Mar 26, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** SEMINOLE COUNTY SHERIFF OFFICE SEMINOLE COUNTY SHERIFF OFFICE SANFORD, FL SANFORD, FL 32773 **Current Mailing Address: New Mailing Address:** 100 BUSH BV 100 BUSH BV SANFORD, FL 32773 SANFORD, FL 32773 US FEI Number: 59-3196445 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZEH, JOHN W ZEH, JOHN W 100 BUSH BV 100 BUSH BV SANFORD, FL 32773 SANFORD, FL 32773 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: SGT. JOHN ZEH 03/26/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DM ( ) Delete () Change () Addition REHDER, MARK Name: Name: 100 BUSH BV Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: Title: DP Title: ( ) Delete () Change () Addition Name: MEDLEY, DAVID Name: Address: 400 AIRPORT BV Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: Title: DTS () Delete Title: DTS (X) Change ( ) Addition NEGRI, JOHN E Name: BROTHERS, CAROLE A Name: Address: 100 BUSH BV Address: 100 BUSH BV City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773 Title: DV () Delete Title: () Change () Addition Name: MCNEIL, WILLIAM Name: 4195 S. HIGHWAY 17-92 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID MEDLEY DP 03/26/2002